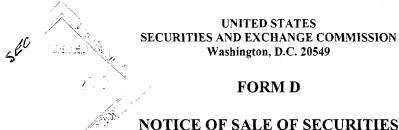
FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 April 30, 2008

Expires: Estimated average burden hours per response......16.00

# SEC USE ONLY



Ε

Name of Offering ( check if this	05068846							
Series B Preferred Stock Financing								
Filing Under (Check box(es) that ap	pply): Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE			
Type of Filing: ⊠ New Filing □	Amendment			PROCESS	SED			
	A. BASIC	IDENTIFICATION DA	ΓA >	OCT 2 0 20	ne -			
<ol> <li>Enter the information reques</li> </ol>	sted about the issuer			0015050	03			
Name of Issuer ( check if this is a	an amendment and name has ch	anged, and indicate chang	e.)	THOMSON	.0			
Vidient Systems, Inc.								
Address of Executive Offices	(Numb	per Street, City, State, Zip	Code) Te	FINANCIAI lephone Number (incl	iding Area Code)			
640 West California Avenue, Suite	220 Sunny	vale, CA 94086		(408) 746-9301				
Address of Principal Business Oper	ations (Numb	per Street, City, State, Zip	Code) Te	Telephone Number (including Area Code)				
(if different from Executive Offices	)		į					
Brief Description of Business								
					REOTHER.			
Type of Business Organization				, , , , , , , , , , , , , , , , , , ,	J.D.Q.			
corporation	☐ limited partnership, alre	eady formed 🔲 o	other (please speci	fy):	1 8 2 1			
business trust	limited partnership, to l	be formed		# 2	1 27 2005			
	Mor	nth Year						
Actual or Estimated Date of Incorp	oration or Organization 0	8 0 3		☐ Estimated	· = 100 /			
Tunisdistion of Incompantion on One	· · · · · · · · · · · · · · · · · · ·	C. Dogtol Comico obbecies		<del></del>	1086			

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada, FN for other foreign jurisdiction

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



# A. BASIC IDENTIFICATION DATA

# 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;

  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer

<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	•			 curines of the issuer;
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hoyem, George				 
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Blueprint Ventures II, L.P., 601 Gateway Blvd., Suite 1140, South San Fr	ancisco, California 94080			 
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐ Executive Officer	<b>⊠</b>	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Magistri, Sergio				
Business or Residence Address (Number and Street, City, State, Zip Code) 651 Port Dr. #302, San Mateo, CA 94404				
Check Box(es) that Apply:  Promoter  Beneficial Owner		×	Director	General and/or Managing Partner
Full Name (Last name first, if individual) McChesney, Brooks				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Vidient Systems, Inc., 640 West California Avenue, Suite 220, Sunnyvale	e, CA 94086			 
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	☒	Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Meekin, Peter				
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Trident Capital Fund-V, L.P., 505 Hamilton Avenue, Suite 200, Menlo Pa	ark, California 94301			 
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Sakamoto, Masuru				 
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Vidient Systems, Inc., 640 West California Avenue, Suite 220, Sunnyvale				 
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	<b>⊠</b>	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Glass, Skip				 
Business or Residence Address (Number and Street, City, State, Zip Code)				
c/o Canaan VII L.P., 2765 Sand Hill Road, Menlo Park, CA 94025				
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Blueprint Ventures Emerging Communications Fund I-Q, L.P.				 
Business or Residence Address (Number and Street, City, State, Zip Code)				
601 Gateway Blvd., Suite 1140, South San Francisco, California 94080				

<u> </u>				
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Blueprint Ventures II, L.P.				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
601 Gateway Blvd., Suite 1140, South San Francisco, C	California 94080			
Check Box(es) that Apply:  Promoter  I	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Trident Capital Fund-V, L.P.				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
505 Hamilton Avenue, Suite 200, Menlo Park, Californ	nia 94301			
Check Box(es) that Apply:  Promoter  I	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Hotung Venture Capital Corp.				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
c/o Hotung Capital Management, Inc., 2860 Zanker Ro	oad, Suite 205, San Jose	, California 95134	<u>-</u>	
Check Box(es) that Apply:  Promoter  I	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
NEC Laboratories America, Inc.				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			
4 Independence Way, Princeton, NJ 08540				
Check Box(es) that Apply:  Promoter  I	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Canaan VII L.P.				
Business or Residence Address (Number and Street, C	City, State, Zip Code)			_
2765 Sand Hill Road, Menlo Park, CA 94025	<del></del>			·
(Use blank sheet, o	or copy and use addition	al copies of this sheet, as nece	essary.)	

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	The Kill Care II.	plant to		B. 1	NFORMAT	TON ABOU	JT OFFER	ING		e e e e e e e e e e e e e e e e e e e	, chart 15	
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE									Yes	No	
2.												
3.	3. Does the offering permit joint ownership of a single unit?									•••••	Yes ⊠	No □
4.	Enter the informor similar remulisted is an asso of the broker of forth the inform	ineration for ociated perso r dealer. If m	solicitation on on agent of ore than five	of purchasers a broker or (5) persons	s in connectide in connection dealer regist	on with sale ered with th	s of securitie e SEC and/o	es in the offe or with a state	ring. If a per e or states, li	rson to be ist the name		
Full	Name (Last nar	ne first, if inc	dividual)									
Bus	iness or Residen	ce Address (	Number and	Street, City	, State, Zip	Code)						
Nar	ne of Associated	Broker or D	ealer									
Stat	es in Which Per	sons Listed F	Ias Solicited	or Intends to	o Solicit Pur	chasers						
	(Check "All St	ates" or chec	k individual	States)	•••••	••••••	•••••	•••••			All	States
<b>A</b>	L AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
II		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M		NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
R	I SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last nar	ne first, if in	dividual)									
Bus	iness or Residen	ce Address (	Number and	Street, City	, State, Zip	Code)						
Nar	ne of Associated	Broker or D	ealer									
Stat	es in Which Per											
	(Check "All St	ates" or chec	k individual	States)		••••••			***************************************		All	States
Al		AZ IA	AR KS	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
M	T NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
R	I SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last nar	ne first, if inc	dividual)									
Bus	iness or Residen	ice Address (	Number and	Street, City	, State, Zip	Code)						
Nar	ne of Associated	Broker or D	ealer									
Stat	es in Which Pers											
	(Check "All St	ates" or chec	k individual	States)							All	States
A		AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
II M		IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	OH	MN OK	MS OR	MO PA
R		SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PRO	OCEEDS			<b>W</b> alatina
1.	Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	***************************************				
	Type of Security		Aggregate ffering Price		Am	ount Already Sold
	Debt	\$	0.00		\$	0.0
	Equity	\$ 1.	2,499,999.92		\$	11,999,998.74
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$	0.00		\$	0.0
	Partnership Interests	\$	0.00		\$_	0.0
	Other (Specify)	\$	0.00		\$	0.00
	Total	\$ 1	2,499,999.92		\$_	11,999,998.74
	Answer also in Appendix, Column 3, if filing under ULOE					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Nk			
			Number Investors		Do	Aggregate llar Amount Purchases
	Accredited Investors		15		\$	11,999,998.7
	Non-accredited Investors		0		\$_	0.00
	Total (for filings under Rule 504 only)		N/A		\$_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		T		Da	llar Amount
	Type of Offering		Type of Security		Do	Sold
	Rule 505		N/A		\$	N/A
	Regulation A		N/A		<b>s</b> –	N/A
	Rule 504		N/A		\$_	N/A
	Total		N/A		\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fee				\$	0.00
	Printing and Engraving Costs				<b>s</b>	0.00
	Legal Fees			$\boxtimes$	\$_	55,000.00
	Accounting Fees				\$_	0.00
	Engineering Fees				\$	0.00
	Sales Commissions (specify finders' fees senarately)			$\Box$	\$	0.00

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300.00

55,300.00

\$ 12,444,699.92

SSS

Securities Compliance

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross"  $\frac{1}{2}$ 

Other Expenses (identify)

proceeds to the issuer."

5. Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for a the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted	l check				
F			Pavi	ments to		
			-	ficers,		
				ctors, &	Paym	ent to
				filiates	-	ers
Salaries and fees					□ \$	
				0.00	□ \$	
Purchase, rental or leasing and installation of m		Ц	<b>"</b>	0.00	<b>—</b> ——	0.00
			¢	0.00	<b></b>	0.00
	acilities				□ \$	
Acquisition of other businesses (including the v			Ψ	0.00	"	0.00
offering that may be used in exchange for the as						
			e	0.00	<b>□</b> \$	0.00
				0.00	□ \$	
• •		_		0.00		44,699.92
• .			هـــــ	0.00	△ 3 <u>12,</u> 4	144,099.92
Other (Specify)						
			œ	0.00	□ \$	0.00
				0.00		
			<b>a</b>	<u>0.00</u> <b>⊠</b> \$		44,699.92
Total Payments Listed (column totals added)		*********		△ 3 _	12,	444,699.92
signature constitutes an undertaking by the issuer t information furnished by the issuer to any non-accressister (Print or Type)				ate		
	Front M. Clave		11	5.14.05		
Vidient Systems, Inc. Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Name of Signer (Finit of Type)	Title of Signer (Finit of Type)					
Brooks McChesney	President and Chief Executive Officer					
	ATTENTION					
Intentional misstatements or o	missions of fact constitute federal criminal vic	lations. (Se	e 18 1	U.S.C. 1001	.)	

2.5		E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presentl provisions of such rule?		Yes No □ ⊠							
	Se	e Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furni CFR 239.500) at such times as required by state law	sh to any state administrator of any state in which this $v$ .	notice is filed, a notice on Form D (17							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.		familiar with the conditions that must be satisfied to be ice is filed and understands that the issuer claiming the een satisfied.								
	e issuer has read this notification and knows the contonorized person.	ents to be true and has duly caused this notice to be sign	ned on its behalf by the undersigned duly							
Issu	uer (Print or Type)	Signature	Date							
Vid	lient Systems, Inc.	Fronk Mchesne	10.14.05							
Nat	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
Bro	ooks McChesney									

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

t to the		The second		A	PPENDIX					
1	Intend to non-a investor	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualific under State (if yes, att explanatio waiver grai (Part E-Ite		
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
ΑZ										
AR										
CA		X	\$11,999,998.74	15	\$11,999,998.74	0	\$0.00		Х	
со										
CT										
DE										
DC										
FL										
GA										
НІ				-						
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										
MT	- 1									
NE										

NV		1		 	
NH					
NJ					
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NY					
NC					
ND					
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OR		<u></u>			
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